



## **Self-Directed Care Program**

### **Frequently Asked Questions**

- **Who is eligible?**

ANSWER: At this time, anyone who is currently on the Indiana Aged & Disabled (A&D) Medicaid Waiver and is receiving attendant care is eligible for this program.

- **Will prior receipt of in-home service be a requirement? What about patients just discharged from hospitals? Currently institutionalized individuals?**

ANSWER: At this time, those who are already receiving services under the A&D Medicaid Waiver with attendant care are eligible. Additional participants may be enrolled as waiver slots open up or if the number of slots is expanded.

- **Is this program available only to adults?**

No. Children as well as adults are eligible for this program.

- **When a person is represented by another person such as a family member, is that “self- directed” care?**

ANSWER: The representative is a voluntary, unpaid person who may be appointed to assist an individual receiving care in performing the responsibilities of the employer when the individual receiving care chooses not to do so independently. Individuals or their representatives will receive training in how to manage the program and must demonstrate a certain level of understanding.

- **Will all persons in the program be required to use the services of the fiscal intermediary?**

ANSWER: Yes.



- **What are the specific responsibilities of the fiscal intermediary?**

ANSWER: The fiscal intermediary has the following responsibilities:

- Process payroll and related employer taxes and insurance.
- Maintain records and provide reports concerning hours worked and payments made to the individual receiving care and case manager on a regular basis.
- Answer case managers' questions, individual receiving cares' questions, and providers' questions.
- Provide enrollment paperwork for both employer and attendant.
- Follow-up with participants on incomplete paperwork.
- Assist with obtaining limited criminal histories checks for prospective employees.
- Follow-up with case managers, individuals receiving care, and providers on ongoing issues through its HELP line and service center.

- **By what process can the individual's budget be changed to meet changing needs?**

ANSWER: The budget is set by the plan of care jointly established by the individual and the case manager at the beginning of services. Changes to the plan of care will result in changes to the budget.

- **Who is eligible to be a Personal Attendant?**

ANSWER:

- The personal attendant must be a minimum of 18 years of age.
- Family members may be hired other than spouses and parents of a minor child if the child is the individual receiving services.
- A limited criminal history will be conducted and must meet standards set by the state. A felony conviction will automatically disqualify an applicant.
- The personal attendant must be capable of providing the care needed.
- The personal attendant must be registered with the fiscal intermediary as a personal attendant for Self-Directed Attendant Care Services before he or she can begin providing care to be paid by the Medicaid program.
- Persons who are legally responsible for the individual receiving care or the representative are not eligible to be personal attendants for the individual receiving care.



- **What services can be included? Equipment? Supplies? Home modifications? Appliances? Assistive technology (voice-operated phones, emergency response systems)?**

ANSWER: At this time, the Waiver limits services to attendant care only. The following is a list of allowable activities (please refer to the manual for detailed descriptions of each):

- Personal Care,
- Mobility,
- Nutrition,
- Elimination,
- Medication,
- Assistance with correspondence and bill paying,
- Escorting individuals to community activities,
- Safety.

#### ***Restrictions***

*Attendant Care services must follow a written plan of care addressing specific needs determined through the client's assessment.*

*Attendant Care services will not be provided to medically unstable clients as a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician, or other health professional. While these services may currently be available through the CHOICE program, the federal guidelines for the Indiana A&D waiver do not permit these services.*

- **Who screens and certifies providers?**

ANSWER: There is no certification, per se. The individual receiving care will make the decision whether or not an applicant is qualified to perform the duties he or she needs to be done. Once this is done, the fiscal intermediary conducts a limited criminal history and provides enrollment/welcome packets for the individual receiving care and personal attendant.

The individual receiving care and personal attendant receive training through the study of the manuals or other electronic means. Once the paperwork and training are complete, the attendant is ready to begin providing services for the individual receiving care. The attendant will be required to complete a checklist certifying that they have completed the training.



If services include driving either the employer's automobile or the attendant's in connection with services for the employer, the attendant will be required to provide a copy of his or her driver's license and proof of insurance to the fiscal intermediary.

If services do not include driving, this requirement may be waived by signing a statement included in the employer's and the employee's enrollment packets."

- **Who is the actual employer – client, the state, the fiscal intermediary, etc.?**

ANSWER: The individual receiving care is the employer and performs all duties of the employer except for the payroll and tax withholding, which are performed by the fiscal intermediary. The individual's representative may be considered the employer if the individual has chosen a representative or if a representative is warranted.

- **How do we ensure continuity when providers are unable to serve (say, because of illness)?**

ANSWER: A back-up plan is a requirement. The individual receiving care must provide the back-up plan to the case manager as part of this program. If the back-up provider is to be paid by Medicaid, he or she must be enrolled as one of the individual's personal attendants. Agencies may be used as back-up providers provided that they agree to serve in this role, are enrolled in Medicaid and complete some basic enrollment paperwork.

- **Who will be responsible for quality control?**

ANSWER: The employer (individual receiving care) will be responsible for identifying problems and working to correct them. The case manager will help support the individual receiving care and provide guidance where necessary. If quality issues are not addressed and/or if the case manager believes the health and or safety of their client is in jeopardy they may rescind their client's eligibility for the program. The fiscal intermediary is not responsible for issues regarding quality of care. They will, however, provide support for questions pertaining to enrollment, payroll or tax information.

- **Who investigates allegations of fraud?**

ANSWER: Fraud and abuse should be reported to the appropriate agencies. Contact numbers are listed in the manuals. Abuse is reported to Adult

Protective Services. Fraud is reported to entities that deal with types of Medicaid fraud. Criminal fraud should be reported to local police.

- Who will keep records?**

ANSWER: An enrollment packet will be given to those individuals receiving care who are eligible. In addition, a manual is available online and in print. Individual stakeholders have some record keeping responsibilities. The following is a very basic overview of record keeping responsibilities:

Party Responsible	Forms and Lists
Participant / Employer	<ul style="list-style-type: none"> <li>○ Employer Training Checklist</li> <li>○ Timesheets if telephone system not used</li> <li>○ Personal Attendant Responsibilities Worksheet</li> </ul>
Employee	<ul style="list-style-type: none"> <li>○ Personal Attendant Training Worksheet</li> <li>○ Timesheets if telephone system not used</li> </ul>
Case Manager	<ul style="list-style-type: none"> <li>○ Plan of Care/Cost Comparison Budget</li> <li>○ Case Manager Initial Checklist (INSite)</li> <li>○ 90-Day Checklist (INSite and paper file)</li> </ul>
Fiscal Intermediary	<ul style="list-style-type: none"> <li>○ All employer/employee records</li> <li>○ Employer &amp; Employee Checklists</li> </ul>

- Will there be a cap on the numbers served? Will the program be statewide?**

ANSWER: Currently, there are a defined number of slots for this Waiver. However, once on the waiver there is no cap for the number of persons that may receive this service. The program is available statewide.

- Will selection of providers extend to trained professional providers (nurses, therapists, etc.)?**

ANSWER: Any eligible provider who agrees to the terms and conditions and the wages offered may serve as a personal attendant. There are not, however, positions set aside specifically for trained professional providers.



- **How will someone who wants to shift back to agency-directed care do so?**

ANSWER: Individual receiving care may meet with his or her case manager to review the plan of care to determine if traditional attendant care is the appropriate choice.

- **Will we allow legally responsible family members (spouses, parents) to become providers?**

ANSWER: No. Persons who are legally responsible for the individual receiving care are not eligible to be personal attendants for the individual receiving care.

- **What elements of the CHOICE program are transferable to Self-Directed Attendant Care?**

ANSWER: The two programs are separate and have separate requirements, though some elements may be common to both.

- **What is the rate for self-directed care?**

ANSWER: At this time, the current rate for attendant care is \$9.80 per hour. Indiana FSSA will NOT provide worker's compensation as household employees are exempt from this requirement. Employees may be eligible for unemployment compensation under certain circumstances. Rules governing unemployment compensation will apply. Attendants may not work more than 40 hours a week. If more than 40 hours is required, more than one attendant must be hired.

- **What quality assurance measures will be employed and whose responsibility will they be?**

ANSWER: At each quarterly review, the case manager fills out a checklist that addresses quality issues and re-determines eligibility. The individual receiving care also has responsibilities to report fraud or abuse. Quality issues must be reported to the Bureau of Quality Improvement Services (BQIS) and followed-up appropriately. The Case Manager may withdraw endorsement and facilitate a return to agency-based or other traditional care.



- **What training is available?**

ANSWER: Training programs are being developed. Schedules will be available. In addition, online training programs will be used for ongoing training. These programs can be accessed, once completed, on the FSSA Division of Aging website. Links may be available through IAAA and AAA offices.

While most of the consumer training will be held in the summer of 2006, if the State determines that there are large numbers of program participants who would be benefited by a training session, additional training sessions will be scheduled.

- **Who pays for the limited criminal history?**

ANSWER: The state covers the cost through PPL.

- **Can an individual have more than one personal attendant?**

ANSWER: Yes, within the limits of the plan of care. All attendants must complete the necessary paperwork and complete training.

- **How does the consumer find out if he or she cannot enroll in the program?**

ANSWER: The case manager is provided with objective criteria established by the State that outlines eligibility for the program. The case manager will justify the denial using the training checklist or other objective criteria, such as incomplete attendant registry or a felony conviction on the part of the attendant. Additionally, if a client does not meet these criteria the case manager must be prepared to explain this to the client. Denying this service should be handled like other services the client may request but the case manager does not approve.

- **Can denial be appealed? What is the appeal process?**

ANSWER: The individual will go through the standard appeals process.

- **Is there a limit to the number of hours for the employee/provider overall or is the limit per employer?**

ANSWER: Overtime is based on an employee/provider-basis, not employer-basis. A employee/provider cannot work more than 40 hours per employer per week.





- **Is there a payment differential for weekend or holiday work?**

No.

- **Can an employee/provider be put on the registry if he or she does not have an employer?**

ANSWER: No.

- **Does the provider have to have a separate packet for each employer he or she works for, separate criminal check, etc?**

ANSWER: The limited criminal history check does not have to be repeated; however, other forms, for tax purposes, need to be completed again.

- **How does EDS know about the self-directed care program and the services that are provided by non-agency providers? Will it audit the services performed?**

ANSWER: EDS will audit PPL for fiscal issues including timekeeping and proper payment. It will not audit the providers for service. FSSA's BQIS will audit for quality issues, if warranted.

- **What about Medicaid spend-down clients?**

ANSWER: It is unlikely that many program participants will be eligible for the Medicaid spend-down provision; however, those clients who are eligible for Medicaid spend-down and are enrolled in the self-directed care program will be responsible for paying the Fiscal Intermediary for their portion of the spend-down. Here are the steps:

1. Personal attendant provides attendant care and submits time.
2. Fiscal Intermediary pays attendant
3. Fiscal Intermediary sends claim to Indiana Medicaid.
4. Indiana Medicaid tells Fiscal Intermediary the amount of the spend-down.
5. Fiscal Intermediary invoices individual for the amount of the spend-down.
6. Individual pays Fiscal Intermediary.

It is critical for participants to pay the Fiscal Intermediary promptly for spend-down amounts as the Fiscal Intermediary has the right to deny services after 30 days without payment.

- **Does self-directed care impact employer's personal income?**

No. Self-directed care has no impact on employer's personal income.



## **C-PASS Frequently Used Terms**

**Self-Directed Attendant Care** is the new program offered primarily to Indiana A&D Medicaid Waiver participants receiving attendant care. The individual receiving care or his or her representative will take on all of the responsibilities of being an employer except for payroll management, which will be handled by a fiscal intermediary. The new program will enable participants to select, schedule, train, supervise, and (if necessary) dismiss their own personal attendants.

**Statement of Responsibility** is the document signed by the participant acknowledging that he or she has been through the Self-Directed Attendant Care training and he or she understands his or her roles and responsibilities. This document is stored within the INSite system and the fiscal intermediary holds a copy on file.

**INSite** is the software used by the case managers through which they receive information from Medicaid indicating that their individuals receiving care have been authorized services.

**Personal Attendant** is someone chosen by the individual receiving care to provide services through the Self-Directed Attendant Care Program. *(Also referred to as the provider, employee)*

**Fiscal Intermediary:** is a company, chosen by the State of Indiana, to process payroll and to handle all payroll tax matters.

**Individual or Waiver Program Participant:** The individual or waiver program participant is the person who receives support through FSSA. *(Also referred to as the individual receiving care, employer)*

**Representative:** A voluntary, unpaid person who may be appointed to assist a waiver program participant in performing the responsibilities of the employer when the individual chooses not to do so independently.

**Employer or Employer of Record:** This term refers to the person in the household directing the work of the provider. This may be the waiver program participant or a representative.

**Employee:** The person who provides services to the waiver program participant is the employee or Personal Attendant.

**Signature:** The employer of record will be asked to sign the tax forms. If the individual acts as the Employer and cannot sign his or her name, writing an 'X' or other mark is acceptable.

**Cost Comparison Budget/Plan of Care** is developed by the Case Manager with the Individual receiving care.

**Personal Assistance Responsibilities Worksheet** is completed by the Individual receiving care as a needs assessment prior to seeking a qualified employee/personal attendant. This document is used to identify the needs of the Individual receiving care.

**TIPS** is an automated telephonic time tracking system called Time Information Protection System (TIPS). This system is an option for tracking timekeeping by which the employee/personal attendant calls an 800 # to log in and log out his or her time.

**Electronic FundsTransfer (EFT)** The Direct Deposit Method of Payment. The recommended option for payment for Personal Attendants in this program.

**On-line Provider Registry** is provided and updated by the fiscal intermediary for the State of Indiana. Updated monthly, the registry provides a record of qualified employees available for referral to other individuals in their geographic areas of interest.